

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 04/11/2004		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 04/13/2004					
		FINANCIAL PAYER: NCDMH					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
							PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
3404902	BLUE RIDGE COMM UNITY	8505	368	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		21	90	DUPLICATE OF CLAIM-SYSTEM	0	458	462
							4
3404904	WESTERN HIGHLAN DS LME	8505	70	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
		8000	7	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	3	88	195
							107
		8599	7	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404905	TREND COMM MENT AL HLTH CTR	8622	90	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.			
		8599	80	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	232	285
							53
		11	40	CLIENT NOT ELIGIBLE ON SERVICE DATE			
3404907	RUTHERFORD-POLK	21	249	DUPLICATE OF CLAIM-SYSTEM			
		0	0		0	249	564
							315
3404910	PATHWAYS	8599	664	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		27	477	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	137	2138	7140
							5002
		537	277	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE			
3404912	CATAWBA COUNTYM ENTAL HEALT	8931	265	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
		8599	104	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	364	516	5340
							4824
		8935	59	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404913	MECKLENBURG COM ENTAL HEALT	120	1024	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8505	382	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	458	2429	9394	6965
		8935	347	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404916	CROSSROADS BEHA VIORAL HEAL	21	47	DUPLICATE OF CLAIM-SYSTEM				
		5404	25	SEVERE DUPLICATE: SAME ATTD FR OV/PCODE/TOS/DOS/MOD	0	83	233	150
		8629	11	SIX OCCURRENCES OF CDAO SERVIC ES HAVE PROCESSED AND PAID, PA IS REQUIRED FOR ADDITIONAL SER				
3404917	CENTERPOINT HUM AN SERVICES	8505	1323	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	464	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	143	2330	4777	2447
		21	199	DUPLICATE OF CLAIM-SYSTEM				
3404918	ROCKINGHAM CO M ENTAL HEALT	8505	373	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		7001	66	EXCEEDS THE ONE PER DAY LIMITA TION	23	544	1205	661
		8599	36	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	3612	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	851	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	68	4909	5861	952
		8599	166	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8505	10131	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	1230	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	11452	11813	361
		191	46	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

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3404921	ORANGE PERSON C HATHAM AREA	5312	3069	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	2742	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	27	7395	9907	2512
		21	627	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	21	300	DUPLICATE OF CLAIM-SYSTEM				
		0	0		0	300	408	108
3404923	VGFW AREA AUTHO RITY	8505	1478	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	93	DUPLICATE OF CLAIM-SYSTEM	0	1672	2337	665
		8800	41	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404924	PIEDMONT AREA M H/DD/SAS	23	1	SERVICE REQUIRES PRIOR APPROVA L				
		0	0		0	1	1	0
3404925	SANDHILLS CENTE R FOR MH/DD	8505	1789	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	243	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	80	2229	4367	2138
		8935	39	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	5196	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	193	DUPLICATE OF CLAIM-SYSTEM	84	5808	7568	1760
		8599	154	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8599	233	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8622	115	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	6	524	5143	4619
		21	33	DUPLICATE OF CLAIM-SYSTEM				

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3404929	LEE HARNETT MH/ DD/SAS	8505	237	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	153	DUPLICATE OF CLAIM-SYSTEM	0	518	1628	1110
		8599	79	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8931	135	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	50	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	199	268	2853	2585
		8935	33	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	8599	1153	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	588	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	1059	3363	21808	18445
		8931	401	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404932	RANDOLPH/SANDHI LLS CO MH C	8505	1387	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	162	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	32	1678	1945	267
		8599	29	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	2485	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	143	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	42	2844	3824	975
		8000	91	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404934	ONslow COUNTY B EHAVIORAL H	8599	70	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	46	DUPLICATE OF CLAIM-SYSTEM	3	190	1083	893
		537	25	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

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3404936	WILSON-GREENE M ENTAL HEALT	8505	637	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	77	DUPLICATE OF CLAIM-SYSTEM	72	855	2527	1672
		8931	39	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe_NASH MNTL HLTH C	8505	315	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	88	DUPLICATE OF CLAIM-SYSTEM	16	641	1722	1081
		8800	75	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404938	RIVERSTONE MENT AL HEALTH C	537	42	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
		8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	40	146	2456	2310
		8931	22	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404939	NEUSE MENTAL HE ALTH CENTER	8326	7502	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
		120	96	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	7641	7651	10
		143	20	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404941	PITT CO MH/DD/S AS CENTER	8505	281	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		143	122	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	17	700	2225	1525
		8599	110	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	ROANOKE CHOWANH UMAN SERVIC	8505	697	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	329	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	8	1075	1946	871
		8800	21	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404943	ALBEMARLE MENTA L HEALTH CE	8505	356	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	123	CLIENT NOT ELIGIBLE ON SERVICE DATE	30	634	1371	564
		8800	78	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				

				FUTURE RA'S.				
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3404944	EASTPOINTE HUMAN SERVICES	8505	2225	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	173	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	149	2735	4261	1526
		8931	103	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404946	FOOTHILLS AREA MENTAL HEALTH	8505	258	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		21	2	DUPLICATE OF CLAIM-SYSTEM	0	261	394	133
		5404	1	SEVERE DUPLICATE: SAME ATTENDING PROVIDER AND CODE/PCODE/TOS/DOS/MOD				
3404957	TIDELAND MENTAL HEALTH CENTER	8505	1007	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	155	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	218	1468	2849	1381
		8931	102	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404959	DAVIDSON COMMUNITY MENTAL HEALTH CENTER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREA MENTAL HEALTH SERVICES	8505	1080	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		21	200	DUPLICATE OF CLAIM-SYSTEM	23	1527	1893	366
		24	132	PROCEDURE CODE, PROCEDURE/MODIFIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATION				